



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appl. No.:	10/691,385	Confirmation No.	8673
Applicant(s):	Charles G. Hwang, et al.		
Title	Syringe Tip Cap		
Filed:	October 22, 2003		
TC/A.U.:	3763		
Examiner:	Currently Not Assigned		
Docket No.:	P-6048/1		
Customer No.:	26253		

Commissioner of Patents
P.O. Box 1450
Alexandria, VA 22313-1450

RESPONSE TO OCTOBER 14, 2005 OFFICE ACTION

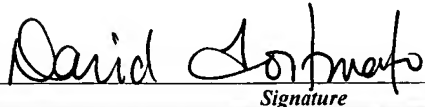

Sir:

Applicants submit this response to an Office Action mailed by the USPTO on October 14, 2005 (the "Office Action"). Filed concurrently herewith is a Request for Continued Examination ("RCE") by which applicants request further consideration of the present application.

A complete listing of the **claims** begin on page 2 of this paper.

Remarks begin on page 7 of this paper.

I HEREBY CERTIFY THAT THIS CORRESPONDENCE IS BEING DEPOSITED WITH THE UNITED STATES POSTAL SERVICE AS FIRST CLASS MAIL IN AN ENVELOPE ADDRESSED TO: COMMISSIONER OF PATENTS, P.O. BOX 1450, ARLINGTON, VA 22313-1450	
ON:	March 9, 2006
BY:	Donna Baumann
(SIGNATURE)	(DATE)

AMENDMENT TRANSMITTAL LETTER (Large Entity)					Docket No. P-6048/1	
Applicant(s):						
Application No. 10/691,385	Filing Date October 22, 2003	Examiner Currently Not Assigned	Customer No. 26253	Group Art Unit 3763	Confirmation No. 8673	
Invention: SYRINGE TIP CAP						
COMMISSIONER FOR PATENTS:						
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.						
CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE	
TOTAL CLAIMS	15 -	30 =	0	x \$50.00	\$0.00	
INDEP. CLAIMS	2 -	3 =	0	x \$200.00	\$0.00	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00	
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00	
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 02-1666 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038.						
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.						
 _____ <i>Signature</i>			Dated: March 9, 2006			
David M. Fortunato Attorney for Applicants Reg. No. 45,548 Becton, Dickinson and Company 1 Becton Drive Franklin Lakes, New Jersey 07417 201-847-6940			<div style="border: 1px solid black; padding: 5px;"> I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on March 9, 2006 _____ (Date)  _____ <i>Signature of Person Mailing Correspondence</i> Donna M. Baumann _____ <i>Typed or Printed Name of Person Mailing Correspondence</i> </div>			
CC:						